12.3.55

GLACIER NORTHWEST

Lowest NWS4#2

4636 East Margi[redacted]y S.
Suite B140
Seattle, WA 98134
P.O. Box 1730
Seattle, WA 98111
Telephone: (206) 764-3000

Fax Numbers:
Executive (206) 764-3054
Sales (206) 764-3014
Credit (206) 764-3013
Warehouse (206) 762-3077
Cement Terminal (206) 764-7176

November 16, 2000

Underground Storage Tank Section
Department of Ecology
P.O. Box 47655
Olympia, Washington 98504-7655

Subject: Underground Storage Tank Tightness Test
Glacier Northwest, Inc. Seattle Plant
5975 East Marginal Way South ✓
Seattle, Washington
UST Site #002211

To Whom It May Concern:

You will find enclosed a copy of the 2000 annual tank tightness test for the underground storage tanks located at the Glacier Northwest, Inc. Seattle Plant, 5975 East Marginal Way South, Seattle, Washington. As you will note from the enclosures, both tanks passed the test.

In March of this year, our tank systems were upgraded to incorporate automatic tank gauging. We are therefore not anticipating performing tank tightness testing of the underground storage tanks at the Seattle Plant in the future.

If you have any questions or require further information, please feel free to call me at (206) 768-7612.

Sincerely,

Thomas G. Hanson
Environmental Manager, Washington Division

Enc.

cc: Mike Patricelli
Scott Isaacson
Darrell Herman

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Underground Storage Tank

Check those activities which apply:
- [X] Tightness Testing Checklist
- [ ] Retrofit/Repair Checklist
- [ ] Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. **Complete this form and the corresponding UST checklist for each activity checked above.**

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: _____ (UBI # from Master Business License)

Site ID Number: NW King UST 2211 (Available from Ecology if tank is Registered)

Site/Business Name: Glacier N.W.

Site Address: 5975 E Marginal way (Street)

Seattle WA 98111 (City, State, County, Zip+4 (required))

Telephone: 206-768-7612

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UST Owner/Operator: Glacier NW Inc.

Mailing Address: P.O. Box 1730 (Street / P.O. Box)

Seattle, WA 98111 (City, State, Zip+4 (required))

Telephone: 206-768-7612

2. FIRM PERFORMING WORK

Service Company: PACIFIC NORTHERN ENVIRONMENTAL

Service Co. Address: 1081 COLUMBIA BOULEVARD (Street)

LONGVIEW WA 98632 (City, State, Zip+4 (required))

Certified Supervisor: GARY WALL, JR.

Address: 1081 COLUMBIA BOULEVARD (Street)

LONGVIEW WA 98632 (City, State, P.O. Box, Zip+4 (required))

IFIC Certification Number: 1059213-27 Certification Issue Date (Month/Year): 01/00

Telephone: (360) 423-2245

RECEIVED NOV 28 2000 DEPT. OF ECOLOGY

Ecology is an equal opportunity and affirmative action employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

Checklist Instructions

After completing these checklist(s), return to: **Underground Storage Tank Section**
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed. The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology. Mark the appropriate box(es) for Tank Tightness Testing, Retrofitting/Repair, and/or Cathodic Protection. Complete the appropriate checklist for the UST activity performed. On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page (if copied on a single side). Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. For more than four UST systems, please photocopy the checklist prior to completing. Be sure that the Owner or the Authorized Representative **AND** Certified Supervisor sign the appropriate checklist.

Cover Sheet

Site and Owner Information
Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information
List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing, Retrofitting/Repair and/or Cathodic Protection IFCI Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services MUST be certified by the International Fire Code Institute (IFCI), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

The **Tightness Testing Checklist** shall be completed and signed by a Certified Tightness Testing Supervisor. The supervisor shall be on site during all tank tightness testing activities. Up to four tanks per site may be reported on a single checklist; additional tanks will require additional checklists. A Tightness Testing Checklist must be completed for each UST system (tank and associated piping) being tested as well as following most retrofit/repairs.

The tank owner or operator* must *report* a failed tightness test as *a suspected release* to UST staff *at the appropriate Ecology regional office within 24 hours.

The **Retrofitting/Repair Checklist** shall be completed and signed by a IFCI Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

The **Cathodic Protection Checklist** shall be completed and signed by an IFCI Certified Cathodic Protection Supervisor. The Certified Supervisor shall be on site when all cathodic protection activities are being conducted. Retrofitting and/or repairs to a Cathodic Protection system should be indicated on the Cathodic Protection Checklist.

Northwest	Southwest	Central	Eastern
(206) 649-7000	(360) 407-6300	(509) 574-2490	(509) 456-2926

Underground Storage Tank

Tightness Testing Checklist

Site ID # UST 2211
Site Address
City NW King

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD

Date of Test: 10/19/2000

1. Tightness testing method(s) used (indicate if more than one method was used):
   Test method name/version US Test
   Test method manufacturer

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be; 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): m/w

3. Method used for release detection:
   - ☐ Weekly manual gauging
   - ☐ Daily manual inventory control
   - ☒ Automatic tank gauging (ATG)
   - ☐ Interstitial monitoring
   - ☐ Other (describe)

4. Reason for conducting tightness test:
   - ☒ Required for release detection requirement
   - ☐ Bring temporarily closed tanks back into service
   - ☐ Tank or piping repair
   - ☐ Other (describe)

5. Type of test conducted:
   - ☒ Tank tightness test only
   - ☐ Line tightness test only
   - ☐ Total system test (tank and lines tested together)

6. Test method type:
   - ☐ Overfill volumetric
   - ☐ Underfill volumetric
   - ☐ Nonvolumetric
   - ☒ Volumetric

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NOV 22 2000
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II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%).	☑	☐	☐
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	☑	☐	☐
3. Was the product level in the tank during the test within the limitations of the test methods performance standards?	☑	☐	☐
4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)	☐	☐	☑
5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.)	☐	☐	☐

* Item not applicable

ID #_____
Site Address _____
City_____

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)				
2. Date installed				
3. Tank capacity in gallons	10K	6K		
4. Last substance stored	Diesel	UNID.		
5. Number of tank compartments				
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	S	S		
7. Is overfill device present? (Yes/No)	?	?		
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	98	98		
9. The test method used can detect a leak of how many GPH?	±.05	±.05		
10. The numerical tank test results are? (in gallons per hour)	-.044	+.016		
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? (Pass/Fail)*	Pass	Pass		

IV. Line Information

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall	S	S		
2. Pump type: (T) turbine; (S) suction	S	S		
3. (a) If turbine, is line leak detector present? (Yes/No) (1) If present, was lead seal intact? (Yes/No N/A) (2) Line leak detector results? (Pass/Fail) (b) If suction, check valve located at? (T) tank (P) pump	P	P		
4. The numerical line test results are? (in gallons per hour)				
5. Line tightness test results? (Pass/Fail)*				

* Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date	Signature of Certified Supervisor	Printed Name
10/19/00	Larry Wall	GARY WALL, JR.
11/16/00	Thomas G. Hanson	THOMAS G. HANSON

Signature of Tank Owner/Authorized Representative

GLACIER
NORTHWEST

4636 East Margi[illegible]y S.
Suite B140
Seattle, WA 98134
P.O. Box 1730
Seattle, WA 98111
Telephone: (206) 764-3000

Fax Numbers:
Executive (206) 764-3054
Sales (206) 764-3014
Credit (206) 764-3013
Warehouse (206) 762-3077
Cement Terminal (206) 764-7176

NW
2211
U.4308

January 11, 2000

Washington Department of Ecology
Underground Storage Tank Section
P.O. Box 47655
Olympia, WA 98504-7655

Subject: UST Site Registration No. 002211

Dear Sir:

This letter is provided to notify you of a corporate name change regarding Lone Star Northwest, Inc., which is registered under Site No. 002211 to operate two underground fuel storage tanks at our ready mix concrete batch plant located at 5975 East Marginal Way South in Seattle, Washington. Effective December 10, 1999, the Washington corporation known as Lone Star Northwest, Inc., became Glacier Northwest, Inc. This is only a change in the corporate name and all other aspects of the corporation remain the same.

As with Lone Star Northwest, Inc., our corporate address is:

Glacier Northwest, Inc.
P.O. Box 1730
Seattle, WA 98111

The company point of contact regarding this permit is Ned Pettit who may be contacted at the corporate address listed above, or by telephone at (206) 764-3000, or by e-mail at Npettit@GlacierNW.com. All correspondence and/or materials related to this permit should be directed to this designated point of contact. Please update your records to reflect this name change as well as the other corporate information provided above. Thank you.

Sincerely,

Edward M. Pettit
Environmental Manager

cc: Scott Isaacson
Darrell Herman

This letter has been forwarded to the Department of Licensing to be processed. I called Edward and let him know he needed to call DOL to ask for the necessary paper work. Joyce

GLACIER
NORTHWEST

4636 East Margi[illegible]ay S.
Suite B140
Seattle, WA 98134
P.O. Box 1730
Seattle, WA 98111
Telephone: (206) 764-3000

Fax Numbers:
Executive (206) 764-3054
Sales (206) 764-3014
Credit (206) 764-3013
Warehouse (206) 762-3077
Cement Terminal (206) 764-7176

February 10, 1999

Underground Storage Tank Section
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655

RE: Tank Tightness Test
Glacier Northwest - 5975 East Marginal Way South, Seattle
UST Site Number 002211

To Whom It May Concern:

Please find enclosed a copy of the 1999 annual tank tightness test for Glacier Northwest's (formerly Lone Star Northwest) Seattle facility. As you will see from the accompanying checklist, both tanks satisfactorily passed the examination. Please call if you have any questions.

Sincerely,

Edward M. Pettit
Environmental Manager

Enclosure

cc: Mike Patricelli
Darrell Herman
Scott Isaacson

Underground Storage Tank

NW 2211
U4308

Check those activities which apply:
- [x] Tightness Testing Checklist
- [ ] Retrofit/Repair Checklist
- [ ] Cathodic Protection Checklist

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. **Complete this form and the corresponding UST checklist for each activity checked above.**

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: 601 301 145 001 0001 (UBI # from Master Business License) Site ID Number: 002211 (Available from Ecology if tank is Registered)

Site/Business Name: Lonestar NW

Site Address: 5975 E Marginal Wy
Street
Seattle WA [illegible] 98111
City State County Zip+4 (required)

Telephone: (206) 764-3000

UST Owner/Operator: Same

Mailing Address:
Street P.O. Box
City State Zip+4 (required)

Telephone:

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ECOLOGY

2. FIRM PERFORMING WORK

Service Company: PACIFIC NORTHERN ENVIRONMENTAL

Service Co. Address: 1081 COLUMBIA BOULEVARD
Street
LONGVIEW WA 98632
City State Zip+4 (required)

Certified Supervisor: GARY WALL, JR.

Address: 1081 COLUMBIA BOULEVARD
Street
LONGVIEW WA P.O. Box 98632
City State Zip+4 (required)

IFIC Certification Number: 1059213-27 Certification Issue Date (Month/Year): 11/97

Telephone: (360) 423-2245

Ecology is an equal opportunity and affirmative action employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407 7170.

Underground Storage Tank

Tightness Testing Checklist

Site ID # _____

Site Address _____

City _____

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD

Date of Test: 9-23-99

1. Tightness testing method(s) used (indicate if more than one method was used):
   Test method name/version US Test
   Test method manufacturer _____

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): m/w

3. Method used for release detection:
   - ☐ Weekly manual gauging
   - ☒ Daily manual inventory control
   - ☐ Automatic tank gauging (ATG)
   - ☐ Interstitial monitoring
   - ☐ Other (describe) _____

4. Reason for conducting tightness test:
   - ☒ Required for release detection requirement
   - ☐ Bring temporarily closed tanks back into service
   - ☐ Tank or piping repair
   - ☐ Other (describe) _____

5. Type of test conducted:
   - ☒ Tank tightness test only
   - ☐ Line tightness test only
   - ☐ Total system test (tank and lines tested together)

6. Test method type:
   - ☐ Overfill volumetric
   - ☐ Underfill volumetric
   - ☐ Nonvolumetric
   - ☒ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%).	☑	☐	☐
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	☑	☐	☐
3. Was the product level in the tank during the test within the limitations of the test methods performance standards?	☑	☐	☐
4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)	☐	☐	☑
5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.)	☐	☐	☐

* Item not applicable

Site Address _____

City _____

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)	1	2		
2. Date installed	unk.	unk.		
3. Tank capacity in gallons	10K	6K		
4. Last substance stored	Diesel	UNLD		
5. Number of tank compartments	1	1		
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	S	S		
7. Is overfill device present? (Yes/No)	No	NO		
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	70	75		
9. The test method used can detect a leak of how many GPH?	± .05	± .05		
10. The numerical tank test results are? (in gallons per hour)	+.03	+.03		
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? (Pass/Fail)*	Pass	Pass		

IV. Line Information

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall	S	S		
2. Pump type: (T) turbine; (S) suction	S	S		
3. (a) If turbine, is line leak detector present? (Yes/No) (1) If present, was lead seal intact? (Yes/No N/A) (2) Line leak detector results? (Pass/Fail) (b) If suction, check valve located at? (T) tank (P) pump				
4. The numerical line test results are? (in gallons per hour)				
5. Line tightness test results? (Pass/Fail)*				

* Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date	Signature of Certified Supervisor	Printed Name
9-23-99	Well	Gary L Wall Sr
2-10-2000	Edward M. Pettit	Edward Pettit
Date	Signature of Tank Owner/Authorized Representative	Printed Name

Cathodic Protection System Record

Location _____

Client LONGSTAR NW Installation Date ?

Date	Initials	Rectifier Volts	Rectifier Amps	Reference Cell Readings Tank #1	Tank #2	Tank #3	Tank #4	Tank #5
INSTALLATION				DIESEL	GAS			
9/24/99	YB	X	X	-.958	-1.02			
				-.910	-.956	← 1996 READING		
						WIRE FOUND IN BOX		
						FOR FUTURE AUTOMATIC		
						GAUGING		
		PASSING SCORE IS BETTER THAN -.850						
						IFCI # 32-05-3200454O		
						GREG BRENNAN		
						UNIVERSAL APPLICATORS INC		
						2357 SE 50th AVE		
						PORTLAND, OR 97215		

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Underground Storage Tank

NW

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Check those activities which apply:
- [X] Tightness Testing Checklist
- [ ] Retrofit/Repair Checklist
- [ ] Cathodic Protection Checklist

~~#2346~~ U·4308 #2241

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173-360 WAC. **Complete this form and the corresponding UST checklist for each activity checked above.**

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: _____ (UBI # from Master Business License)

Site ID Number: _____ (Available from Ecology if tank is Registered)

Site/Business Name: Lonestar NW

Site Address: 5975 E Marginal Wy (Street)

Seattle WA ~~King~~ 98111 (City / State / County / Zip+4 (required))

Telephone: _____

UST Owner/Operator: Same

Mailing Address: _____ (Street / P.O. Box)

_____ (City / State / Zip+4 (required))

Telephone: _____

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2. FIRM PERFORMING WORK

Service Company: PACIFIC NORTHERN ENVIRONMENTAL

Service Co. Address: 1081 COLUMBIA BOULEVARD (Street)

LONGVIEW WA 98632 (City / State / Zip+4 (required))

Certified Supervisor: GARY WALL, JR.

Address: 1081 COLUMBIA BOULEVARD (Street)

LONGVIEW WA P.O. Box 98632 (City / State / Zip+4 (required))

IFIC Certification Number: 1059213-27 Certification Issue Date (Month/Year): 11/97

Telephone: (360) 423-2245

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For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

Checklist Instructions

After completing these checklist(s), return to: **Underground Storage Tank Section**
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed. The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology. Mark the appropriate box(es) for Tank Tightness Testing, Retrofitting/Repair, and/or Cathodic Protection. Complete the appropriate checklist for the UST activity performed. On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page (if copied on a single side). Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. For more than four UST systems, please photocopy the checklist prior to completing. Be sure that the Owner or the Authorized Representative **AND** Certified Supervisor sign the appropriate checklist.

Cover Sheet

Site and Owner Information
Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information
List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing, Retrofitting/Repair and/or Cathodic Protection IFCI Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services MUST be certified by the International Fire Code Institute (IFCI), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

The **Tightness Testing Checklist** shall be completed and signed by a Certified Tightness Testing Supervisor. The supervisor shall be on site during all tank tightness testing activities. Up to four tanks per site may be reported on a single checklist; additional tanks will require additional checklists. A Tightness Testing Checklist must be completed for each UST system (tank and associated piping) being tested as well as following most retrofit/repairs.

The tank owner or operator* must *report* a failed tightness test as *a suspected release* to UST staff *at the appropriate Ecology regional office within 24 hours.

The **Retrofitting/Repair Checklist** shall be completed and signed by a IFCI Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

The **Cathodic Protection Checklist** shall be completed and signed by an IFCI Certified Cathodic Protection Supervisor. The Certified Supervisor shall be on site when all cathodic protection activities are being conducted. Retrofitting and/or repairs to a Cathodic Protection system should be indicated on the Cathodic Protection Checklist.

Northwest	Southwest	Central	Eastern
(206) 649-7000	(360) 407-6300	(509) 574-2490	(509) 456-2926

Underground Storage Tank

Tightness Testing Checklist

Site ID # _____

Site Address _____

City _____

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD

Date of Test: 9-23-99

1. Tightness testing method(s) used (indicate if more than one method was used):
   Test method name/version US Test
   Test method manufacturer _____

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be; 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): m/w

3. Method used for release detection:
   - ☐ Weekly manual gauging
   - ☒ Daily manual inventory control
   - ☐ Automatic tank gauging (ATG)
   - ☐ Interstitial monitoring
   - ☐ Other (describe) _____

4. Reason for conducting tightness test:
   - ☒ Required for release detection requirement
   - ☐ Bring temporarily closed tanks back into service
   - ☐ Tank or piping repair
   - ☐ Other (describe) _____

5. Type of test conducted:
   - ☒ Tank tightness test only
   - ☐ Line tightness test only
   - ☐ Total system test (tank and lines tested together)

6. Test method type:
   - ☐ Overfill volumetric
   - ☐ Underfill volumetric
   - ☐ Nonvolumetric
   - ☒ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%).	☒	☐	☐
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	☒	☐	☐
3. Was the product level in the tank during the test within the limitations of the test methods performance standards?	☒	☐	☐
4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)	☐	☐	☒
5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.)	☐	☐	☐

* Item not applicable

Site Address _____

City _____

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)				
2. Date installed				
3. Tank capacity in gallons	10K	6K		
4. Last substance stored	Diesel	UNLD		
5. Number of tank compartments	1	1		
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	S	S		
7. Is overfill device present? (Yes/No)	No	NO		
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	70	75		
9. The test method used can detect a leak of how many GPH?	±.05	±.05		
10. The numerical tank test results are? (in gallons per hour)	+.03[illegible]3	+.03[illegible]90		
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results; the test results are? (Pass/Fail)*	Pass	Pass		

IV. Line Information

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall	S	S		
2. Pump type: (T) turbine; (S) suction	S	S		
3. (a) If turbine, is line leak detector present? (Yes/No) (1) If present, was lead seal intact? (Yes/No N/A) (2) Line leak detector results? (Pass/Fail) (b) If suction, check valve located at? (T) tank (P) pump				
4. The numerical line test results are? (in gallons per hour)				
5. Line tightness test results? (Pass/Fail)*				

* Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date	Signature of Certified Supervisor	Printed Name
9-23-99	Wall	Gary L Wall Sr
Date	Signature of Tank Owner/Authorized Representative	Printed Name

Underground Storage Tank

WASHINGTON STATE DEPARTMENT OF ECOLOGY

Check those activities which apply:
- [x] Tightness Testing Checklist
- [ ] Retrofit/Repair Checklist
- [ ] Cathodic Protection Checklist

NW LS
2211
44308

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. **Complete this form and the corresponding UST checklist for each activity checked above.**

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: 601 301 145 001 0001 (UBI # from Master Business License) Site ID Number: 002211 (Available from Ecology if tank is Registered)

Site/Business Name: Lone Star

Site Address: 5975 E. MARGINAL WAY, KING (Street, County) RECEIVED

SEATTLE, WA. 98111 (City, State, Zip+4 required)

Telephone:

FEB 08 1999

UST Owner/Operator: LONE STAR

DEPT OF ECOLOGY

Mailing Address: P.O. Box 1730 (Street, P.O. Box)

SEATTLE, WA. 98111 (City, State, Zip+4 required)

Telephone:

RECEIVED
FEB 04 1999
ECOLOGY

2. FIRM PERFORMING WORK

Service Company: PACIFIC NORTHERN ENVIRONMENTAL

Service Co. Address: 1081 COLUMBIA BLVD. (Street)

LONGVIEW WA 98632 (City, State, Zip+4 required)

Certified Supervisor: GARY WALL

Address: 1081 COLUMBIA BLVD. (Street)

LONGVIEW WA 98632 (City, State, P.O. Box, Zip+4 required)

IFIC Certification Number: 1059213-27 Certification Issue Date (Month/Year): 11-15-97

Telephone: (360) 423-2245

Ecology is an equal opportunity and affirmative action employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

Checklist Instructions

After completing these checklist(s), return to: **Underground Storage Tank Section**
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed. The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology. Mark the appropriate box(es) for Tank Tightness Testing, Retrofitting/Repair, and/or Cathodic Protection. Complete the appropriate checklist for the UST activity performed. On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page (if copied on a single side). Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. For more than four UST systems, please photocopy the checklist prior to completing. Be sure that the Owner or the Authorized Representative **AND** Certified Supervisor sign the appropriate checklist.

Cover Sheet

Site and Owner Information
Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information
List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing, Retrofitting/Repair and/or Cathodic Protection IFCI Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services MUST be certified by the International Fire Code Institute (IFCI), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

The **Tightness Testing Checklist** shall be completed and signed by a Certified Tightness Testing Supervisor. The supervisor shall be on site during all tank tightness testing activities. Up to four tanks per site may be reported on a single checklist; additional tanks will require additional checklists. A Tightness Testing Checklist must be completed for each UST system (tank and associated piping) being tested as well as following most retrofit/repairs.

The tank owner or operator* must *report* a failed tightness test as *a suspected release* to UST staff *at the appropriate Ecology regional office within 24 hours.

The **Retrofitting/Repair Checklist** shall be completed and signed by a IFCI Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

The **Cathodic Protection Checklist** shall be completed and signed by an IFCI Certified Cathodic Protection Supervisor. The Certified Supervisor shall be on site when all cathodic protection activities are being conducted. Retrofitting and/or repairs to a Cathodic Protection system should be indicated on the Cathodic Protection Checklist.

Northwest	Southwest	Central	Eastern
(206) 649-7000	(360) 407-6300	(509) 574-2490	(509) 456-2926

Underground Storage Tank

Tightness Testing Checklist

ID # _____
Site Address _____
City _____

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD

Date of Test: 9-17-98

1. Tightness testing method(s) used (indicate if more than one method was used):
   Test method name/version US Test
   Test method manufacturer USTEST INC

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): variable probe

3. Method used for release detection:
   - ☐ Weekly manual gauging
   - ☒ Daily manual inventory control
   - ☐ Automatic tank gauging (ATG)
   - ☐ Interstitial monitoring
   - ☐ Other (describe) _____

4. Reason for conducting tightness test:
   - ☒ Required for release detection requirement
   - ☐ Bring temporarily closed tanks back into service
   - ☐ Tank or piping repair
   - ☐ Other (describe) _____

5. Type of test conducted:
   - ☒ Tank tightness test only
   - ☐ Line tightness test only
   - ☐ Total system test (tank and lines tested together)

6. Test method type:
   - ☐ Overfill volumetric
   - ☐ Underfill volumetric
   - ☐ Nonvolumetric
   - ☒ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%).	☑	☐	☐
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	☑	☐	☐
3. Was the product level in the tank during the test within the limitations of the test methods performance standards?	☑	☐	☐
4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)	☐	☐	☑
5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.)	☐	☐	☒

* Item not applicable

Site ID # _____
Site Address _____
City _____

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)	1	2		
2. Date installed	unk.	unk.		
3. Tank capacity in gallons	10000	6000		
4. Last substance stored	Diesel	UNL		
5. Number of tank compartments	1	1		
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	S	S		
7. Is overfill device present? (Yes/No)	NO	NO	No Alarm	No Shutoff valve
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	51%	70%		Not Sure about Ball Floats
9. The test method used can detect a leak of how many GPH?	±.05	—		
10. The numerical tank test results are? (in gallons per hour)	+.025	+.019		
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results: the test results are? (Pass/Fail)*	PASS	PASS		

IV. Line Information

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall: (D) double wall	S	S		
2. Pump type: (T) turbine: (S) suction	S	S		
3. (a) If turbine, is line leak detector present? (Yes/No) (1) If present, was lead seal intact? (Yes/No N/A) (2) Line leak detector results? (Pass/Fail) (b) If suction, check valve located at? (T) tank (P) pump	— — — P	— — — P		
4. The numerical line test results are? (in gallons per hour)	+.025124	+.019904		
5. Line tightness test results? (Pass/Fail)*	Pass	Pass		

* Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date	Signature of Certified Supervisor	Printed Name
9-17-99	Gary Wahl	GARY WAHL
2-2-99	Edward M. Pettit	Edward Pettit
Date	Signature of Tank Owner/Authorized Representative	Printed Name

LONE STAR NORTHWEST, INC.

February 2, 1999

Underground Storage Tank Section
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655

RE: Tank Tightness Test
Lone Star Northwest - 5975 East Marginal Way South, Seattle
UST Site Number 002211

To Whom It May Concern:

Please find enclosed a copy of the 1998 annual tank tightness test for Lone Star's Seattle facility. As you will see from the accompanying checklist, both tanks satisfactorily passed the examination. Please call if you have any questions.

Sincerely,

Edward M. Pettit
Environmental Manager

Enclosure

cc: Mike Patricelli
Darrell Herman
Shawn Lilley

4636 E. Marginal Way South Suite B140 Seattle, WA 98134 P.O. Box 1730 Seattle, WA 98111 (206) 764-3000
Fax Numbers: Executive (206) 764-3054 Sales 764-3014 Credit 764-3013 Warehouse 762-3077 Cement Terminal 764-7176

Underground Storage Tank

WASHINGTON STATE DEPARTMENT OF ECOLOGY

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APR 0 8 1998

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Check those activities which apply:
- [X] Tightness Testing Checklist
- [ ] Retrofit/Repair Checklist
- [ ] Cathodic Protection Checklist

NW LS

The attached Underground Storage Tank (UST) checklists are required for each of the listed activities. The checklists certify that Tightness Testing, Retrofit/Repair and/or Cathodic Protection activities are performed and conducted in accordance with Chapter 173.360 WAC. **Complete this form and the corresponding UST checklist for each activity checked above.**

See back of form for instructions.

1. UST SYSTEM LOCATION AND OWNER

UBI Number: 601 301 145 001 0001 (UBI # from Master Business License) Site ID Number: 002211 (Available from Ecology if tank is Registered)

Site/Business Name: LONE STAR

Site Address: 5975 E. MARGINAL WAY (Street) County

SEATTLE WA 98111 (City, State, Zip+4 (required))

Telephone:

RECEIVED FEB 17 1998 ECOLOGY

UST Owner/Operator: LONE STAR NW INC.

Mailing Address: P.O. BOX 1730 (Street, P.O. Box)

SEATTLE, WA 98111 (City, State, Zip+4 (required))

Telephone:

2. FIRM PERFORMING WORK

Service Company: PACIFIC NORTHERN ENVIRONMENTAL

Service Co. Address: 1081 COLUMBIA BLVD. (Street)

LONGVIEW, WA 98632 (City, State, Zip+4 (required))

Certified Supervisor: BRET HAGIDAHL

Address: 1081 COLUMBIA BLVD. (Street, P.O. Box)

LONGVIEW, WA 98632 (City, State, Zip+4 (required))

IFIC Certification Number: 0873732-27 Certification Issue Date (Month/Year): 1/11/97

Telephone: (360) 423-2245

Ecology is an equal opportunity and affirmative action employer.
For special accommodation needs, please contact the Underground Storage Tanks Section at (360) 407-7170.

Checklist Instructions

After completing these checklist(s), return to: **Underground Storage Tank Section**
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655

Please Read Carefully

Checklist(s) are to be completed by a Certified UST Supervisor and submitted to Ecology within 30 days of the tank work being performed. The Owner/Operator is responsible for ensuring that the work is performed and that the checklist(s) are submitted to Ecology. Mark the appropriate box(es) for Tank Tightness Testing, Retrofitting/Repair, and/or Cathodic Protection. Complete the appropriate checklist for the UST activity performed. On each checklist, complete the Site ID number and/or the UBI number, site address and site city on each page (if copied on a single side). Submit the cover sheet that contains the site and owner information with the checklist. The checklist should show all tank information that was worked on. For more than four UST systems, please photocopy the checklist prior to completing. Be sure that the Owner or the Authorized Representative **AND** Certified Supervisor sign the appropriate checklist.

Cover Sheet

Site and Owner Information
Fill in the site and owner information. Include the Ecology Site ID number, if known, and/or UBI number (Uniform Business Identification) from the master business license. Also be sure to provide telephone numbers so that any problems can be resolved quickly.

Firm and Certified Supervisor Information
List the firm performing the work as well as the Certified Supervisor's name and Certification Number. Ask to see the Supervisor's Tightness Testing, Retrofitting/Repair and/or Cathodic Protection IFCI Certification and make sure that the Supervisor signs the appropriate checklist for work performed.

Please Note: Individuals performing services MUST be certified by the International Fire Code Institute (IFCI), or other recognized association by which they demonstrate appropriate knowledge pertaining to USTs or have passed another qualifying exam approved by the Department.

Checklists

The **Tightness Testing Checklist** shall be completed and signed by a Certified Tightness Testing Supervisor. The supervisor shall be on site during all tank tightness testing activities. Up to four tanks per site may be reported on a single checklist; additional tanks will require additional checklists. A Tightness Testing Checklist must be completed for each UST system (tank and associated piping) being tested as well as following most retrofit/repairs.

The tank owner or operator* must *report* a failed tightness test as *a suspected release* to UST staff *at the appropriate Ecology regional office within 24 hours.

The **Retrofitting/Repair Checklist** shall be completed and signed by a IFCI Certified Installation and Retrofitting Supervisor. The Certified Supervisor shall be on site when all retrofitting/repair activities are being conducted.

The **Cathodic Protection Checklist** shall be completed and signed by an IFCI Certified Cathodic Protection Supervisor. The Certified Supervisor shall be on site when all cathodic protection activities are being conducted. Retrofitting and/or repairs to a Cathodic Protection system should be indicated on the Cathodic Protection Checklist.

Northwest	Southwest	Central	Eastern
(206) 649-7000	(360) 407-6300	(509) 574-2490	(509) 456-2926

Underground Storage Tank

Tightness Testing Checklist

Site ID # _____

Site Address _____

City _____

For more than four UST systems, you may photocopy this form prior to completing.

I. TIGHTNESS TESTING METHOD

Date of Test: 12/22/97

1. Tightness testing method(s) used (indicate if more than one method was used):
   Test method name/version TRACER TIGHT
   Test method manufacturer TRACER RESEARCH

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested up to the 95% full level. When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

2. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (required for single wall tanks): VARIABLE PROBE

3. Method used for release detection:
   - ☐ Weekly manual gauging
   - ☒ Daily manual inventory control
   - ☐ Automatic tank gauging (ATG)
   - ☐ Interstitial monitoring
   - ☐ Other (describe) _____

4. Reason for conducting tightness test:
   - ☒ Required for release detection requirement
   - ☐ Bring temporarily closed tanks back into service
   - ☐ Tank or piping repair
   - ☐ Other (describe) _____

5. Type of test conducted:
   - ☐ Tank tightness test only
   - ☐ Line tightness test only
   - ☒ Total system test (tank and lines tested together)

6. Test method type:
   - ☐ Overfill volumetric
   - ☐ Underfill volumetric
   - ☒ Nonvolumetric
   - ☐ Volumetric

II. TEST METHOD CHECKLIST

The following items shall be initialed by the Certified Supervisor whose signature appears on this form.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%).	☒	☐	☐
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	☒	☐	☐
3. Was the product level in the tank during the test within the limitations of the test methods performance standards?	☒	☐	☐
4. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (required for single wall tanks)	☒	☐	☐
5. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? (Note: Tank owner must report a failed tightness test as a suspected release within 24 hours to UST staff at the appropriate Ecology regional office.)	☐	☐	☒

* Item not applicable

Site ID # _____

Site Address _____

City _____

Tightness Testing Checklist (continued)

III. TANK INFORMATION CHECKLIST

	Tank 1	Tank 2	Tank 3	Tank 4
1. Tank ID # (tank name registered with Ecology)	1	2		
2. Date installed	unk.	unk.		
3. Tank capacity in gallons	10K	6K		
4. Last substance stored	D/F	U/L		
5. Number of tank compartments	1	—		
6. Tank type: (S) single wall; (D) double wall; (P) partitioned	S	—		
7. Is overfill device present? (Yes/No)				
8. Percentage of product in tank during test? (Volume % must comply with test method certification requirements)	N/A	N/A	N/A	N/A
9. The test method used can detect a leak of how many GPH?	.05	.05	.05	.05
10. The numerical tank test results are? (in gallons per hour)	mg/L	mg/L	mg/L	mg/L
11. Based on evaluating test results and conducting any retesting as necessary as per test protocol to obtain conclusive test results: the test results are? (Pass/Fail)*	PASS	—		

IV. Line Information

	Line 1	Line 2	Line 3	Line 4
1. Piping type: (S) single wall; (D) double wall	S	—		
2. Pump type: (T) turbine; (S) suction	T	—		
3. (a) If turbine, is line leak detector present? (Yes/No) (1) If present, was lead seal intact? (Yes/No N/A) (2) Line leak detector results? (Pass/Fail) (b) If suction, check valve located at? (T) tank (P) pump				
4. The numerical line test results are? (in gallons per hour)	mg/L	—		
5. Line tightness test results? (Pass/Fail)*	PASS	—		

* Inconclusive test results for tanks or piping will not be considered as a valid tightness test for the purposes of complying with UST release detection regulations.

V. REQUIRED SIGNATURES

I hereby attest, that I have been the Certified Supervisor present during the above listed testing activities, and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures, pertaining to underground storage tanks.

Persons submitting false information are subject to formal enforcement and/or penalties under Chapter 173.360 WAC.

Date	Signature of Certified Supervisor	Printed Name
1/15/98	Bret Hagdahl	BRET HAGDAHL
2-12-98	Edward M. Pettit	Edward Pettit
Date	Signature of Tank Owner/Authorized Representative	Printed Name

LONE STAR NORTHWEST, INC.

February 12, 1998

Underground Storage Tank Section
Department of Ecology
P.O. Box 47655
Olympia, WA 98504-7655

RE: Tank Tightness Test
Lone Star Northwest - 5975 East Marginal Way South, Seattle
UST Site Number 002211

To Whom It May Concern:

Please find enclosed a copy of the 1997 annual tank tightness test for Lone Star's Seattle facility. As you will see from the accompanying checklist, both tanks satisfactorily passed the examination. Please call if you have any questions.

Sincerely,

Edward M. Pettit

Edward M. Pettit
Environmental Manager

Enclosure

c: Shawn Lilley

5975 E. Marginal Way South Seattle, WA 98134 P.O. Box 1730 Seattle, WA 98111 (206) 764-3000
Fax Numbers: Corporate (206) 764-3012 Sales 764-3014 Credit 764-3013 Warehouse 762-3077 Cement Terminal 764-7176

LONE STAR NORTHWEST, INC.

January 29, 1996

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

RE: 1995 UST Tightness Tests

To Whom It May Concern:

Please find enclosed the completed and signed Tightness Testing Checklist for three underground storage tanks owned and operated by Lone Star Northwest (UBI 601 301 145 001). Lone Star has two USTs at its East Marginal Way facility in Seattle and one UST at its Ross Avenue facility in Marysville. All three USTs passed the tightness test. Thank you for adding these results to Lone Star's UST files.

Sincerely,

Shawn M Carter

Shawn M. Carter
Environmental Manager

Enclosure

5975 E. Marginal Way South Seattle, WA 98134 P.O. Box 1730 Seattle, WA 98111 (206) 764-3000
Fax Numbers: Corporate (206) 764-3012 Sales 764-3014 Credit 764-3013 Warehouse 762-3077 Cement Terminal 764-7176

UNDERGROUND STORAGE TANK
Tightness Testing Checklist

NW

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connected underground piping. Tightness testing shall be conducted in accordance with Chapter 173-360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by photcopying page 2 and 3 of this form and completing these pages separately for each UST system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

For further information about completing this form, please contact the Department of Ecology UST Section.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: Lone Star NW Inc

Owners Address: 5975 E. Marginal S (Street) 1730 (P.O. Box)
Seattle, WA (City, State) 98111 (Zip+4 (required))

Telephone: (206) 764-3107

Site ID Number (on invoice or available from Ecology if tank is registered): 002211

Site/Business Name: Lone Star NW Inc.

Site Address: 5975 E Marginal Way S. (Street) (County)
Seattle, WA 98111 (City, State, Zip+4 (required))

2. TIGHTNESS TESTING PERFORMED BY:

Firm: PACIFIC NORTHERN ENVIRONMENTAL

Service Provider License Number: S000153

Address: 1081 COLUMBIA BLVD. (Street)
LONGVIEW, WA. 98632 (City, State, P.O. Box, Zip+4 (required))

Telephone: (206) 423-2245

Licensed Supervisor: Gary Woolf

Supervisor License Number: 82323

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Sections 3, 4 and 5 must be completed separately for each tank and associated piping tested at this site. For additional tanks you may photocopy this form prior to completing.

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 1
2. Date installed: _____
3. Tank capacity in gallons: 10K
4. Date of tightness test: 1396
5. Last substance stored: Diesil
6. Is tank compartmentalized? N
7. Tank is: X single wall ____ double wall
8. Reason for conducting tightness test:
   - X To comply with leak detection requirements in UST rules
   - ____ To bring temporarily closed tank back into service
   - ____ Tank or piping repair
   - ____ Other (describe) _____
9. Type of test conducted:
   - ____ Tank tightness test only
   - ____ Line tightness test only
   - ____ Tank and lines tested separately
   - X Total system test (tank and lines tested together)
10. Test method type:
    - ____ Overfill
    - ____ Underfill volumetric
    - X Nonvolumetric
11. Tightness testing method(s) used (Indicate if more than one method was used - see note following item 12):
    - Test method name/version: Tracer
    - Test method manufacturer: _____
12. If a tank tightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 60

> Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested *up to the 95% full level.* When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single wall tanks): MW

4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%) *Note: A copy of Ecology's policy for demonstrating that leak detection methods meet performance standards may be obtained by contacting Ecology's UST section in Olympia.*	CW		

*Item not applicable

(checklist continues on page 3)

	YES	NO	N/A
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	GW		
3. Was the product level in the tank during the test within the limitations stated in the evaluation results used to demonstrate that the tightness test method meets performance standards?			
4. Was the waiting period between the addition of product to the tank and the beginning of the test at or above the minimum waiting period stated in the evaluation results?			
5. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (for single wall tanks)			
6. Have any loose fittings at the top of the tank been either tightened prior to beginning the test or accounted for when conducting the test and evaluating test results? (Applies to overfill methods only) *Exception: Interstitial space fitting on double wall tank should remain loose during test for interstitial space to vent to atmosphere.*			GW
7. Have all vapor pockets either been removed prior to beginning the test or otherwise accounted for when conducting the test and evaluating test results?			
8. Based on evaluating test results and conducting any retesting as necessary to obtain conclusive test results, the tightness test is: X Passed ____ Failed **Note: Inconclusive test results will not be considered as a valid tightness test for purposes of complying with UST release detection regulations.**			
9. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? Note: The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours of being notified by the testing firm that a failed tightness test has occurred.			
10. If a failed test has occurred, results indicate that there is a leak in the: ____ Tank ____ Piping System If known, the leak rate is: ____ gallons per hour			

*Item not applicable

I hereby certify that I have been the licensed supervisor present during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173-360 WAC.

1/29/96 — Date

GWP — Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

1/22/96 — Date

Etherwood for Pacific Northern Environmental — Signature of Licensed Service Provider firm (owner or person with signature authority)

1/29/96 — Date

[redacted] — Signature of Tank Owner or Authorized Representative

Sections 3, 4 and 5 must be completed separately for each tank and associated piping tested at the site. For additional tanks you may photocopy this form prior to completing.

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 2
2. Date installed: _____
3. Tank capacity in gallons: 6K
4. Date of tightness test: 1396
5. Last substance stored: UNL
6. Is tank compartmentalized? N
7. Tank is: Y single wall ____ double wall
8. Reason for conducting tightness test:
   - Y To comply with leak detection requirements in UST rules
   - ____ To bring temporarily closed tank back into service
   - ____ Tank or piping repair
   - ____ Other (describe) _____
9. Type of test conducted:
   - ____ Tank tightness test only
   - ____ Line tightness test only
   - ____ Tank and lines tested separately
   - Y Total system test (tank and lines tested together)
10. Test method type:
    - ____ Overfill
    - ____ Underfill volumetric
    - Y Nonvolumetric
11. Tightness testing method(s) used (indicate if more than one method was used - see note following item 12):
    - Test method name/version: Tracer
    - Test method manufacturer: _____
12. If a tank tightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 35

> Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested *up to the 95% full level.* When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single wall tanks): MW

4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%) *Note: A copy of Ecology's policy for demonstrating that leak detection methods meet performance standards may be obtained by contacting Ecology's UST section in Olympia.*	CW		

*Item not applicable

(checklist continues on page 3)

	Yes	No	N/A
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	CW		
3. Was the product level in the tank during the test within the limitations stated in the evaluation results used to demonstrate that the tightness test method meets performance standards?			
4. Was the waiting period between the addition of product to the tank and the beginning of the test at or above the minimum waiting period stated in the evaluation results?			
5. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (for single wall tanks)			
6. Have any loose fittings at the top of the tank been either tightened prior to beginning the test or accounted for when conducting the test and evaluating test results? (Applies to overfill methods only) *Exception: Interstitial space fitting on double wall tank should remain loose during test for interstitial space to vent to atmosphere.*			CW
7. Have all vapor pockets either been removed prior to beginning the test or otherwise accounted for when conducting the test and evaluating test results?			
8. Based on evaluating test results and conducting any retesting as necessary to obtain conclusive test results, the tightness test is: X Passed ____ Failed **Note: Inconclusive test results will not be considered as a valid tightness test for purposes of complying with UST release detection regulations.**			
9. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? Note: The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours of being notified by the testing firm that a failed tightness test has occurred.			
10. If a failed test has occurred, results indicate that there is a leak in the: ____ Tank ____ Piping System If known, the leak rate is: _____ gallons per hour			

*Item not applicable

I hereby certify that I have been the licensed supervisor present during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173-360 WAC.

1/30/96 — Date

Wael — Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

1/22/96 — Date

Elaine Theriault for Pacific Northern Environmenta — Signature of Licensed Service Provider firm (owner or person with signature authority)

1/29/96 — Date

[redacted] — Signature of Tank Owner or Authorized Representative

UNDERGROUND TORAGE TANK
Tightness Testing Checklist

NW KB

RECEIVED
APR 17 1995

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connected underground piping. Tightness testing shall be conducted in accordance with Chapter 173-360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by photocopying page 2 and 3 of this form and completing these pages separately for each UST system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

RECEIVED
APR 21 1995
DEPT. OF ECOLOGY

For further information about completing this form, please contact the Department of Ecology UST Section.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: Lone Star NW Inc

Owners Address: 5975 E Marginal S (Street) 1730 (P.O. Box)

Seattle (City) WA (State) 98111 (Zip+4 (required))

Telephone: (206) 764-3107

Site ID Number (on invoice or available from Ecology if tank is registered): 005211

Site/Business Name: Lone Star NW Inc

Site Address: 5975 E Marginal Way S (Street)

Seattle (City) WA (State) (County) 98111 (Zip+4 (required))

2. TIGHTNESS TESTING PERFORMED BY:

Firm: PACIFIC NORTHERN ENVIRONMENTAL

Service Provider License Number: S000153

Address: 1081 COLUMBIA Blvd (Street) (P.O. Box)

Longivew, WA. 98632 (City) (State) (Zip+4 (required))

Telephone: 206-423-2245

Licensed Supervisor: Gary Wall

Supervisor License Number: W001682

Sections 3, 4 and 5 must be [redacted] d separately for each tank and ass[redacted] iping tested at the site. For additional tanks you may pho[redacted]opy this form prior to completing.

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 2
2. Date installed: _____
3. Tank capacity in gallons: 6K
4. Date of tightness test: 12-20-94
5. Last substance stored: UNL
6. Is tank compartmentalized? N
7. Tank is: _____ single wall _____ double wall
8. Reason for conducting tightness test:

- X To comply with leak detection requirements in UST rules
- _____ To bring temporarily closed tank back into service
- _____ Tank or piping repair
- _____ Other (describe) _____

9. Type of test conducted:

- _____ Tank tightness test only
- _____ Line tightness test only
- _____ Tank and lines tested separately
- X Total system test (tank and lines tested together)

10. Test method type:

- _____ Overfill
- _____ Underfill volumetric
- X Nonvolumetric

11. Tightness testing method(s) used (indicate if more than one method was used - see note following item 12):

Test method name/version TRACER TIGHT

Test method manufacturer TRACER RESEARCH

12. If a tank tightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 35

Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested *up to the 95% full level.* When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single wall tanks): VARIABLE PROBE

4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%) *Note: A copy of Ecology's policy for demonstrating that leak detection methods meet performance standards may be obtained by contacting Ecology's UST section in Olympia.*	CW		

*Item not applicable

(checklist continues on page 3)

	Yes	No	NA*
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	CW		
3. Was the product level in the tank during the test within the limitations stated in the evaluation results used to demonstrate that the tightness test method meets performance standards?	CW		
4. Was the waiting period between the addition of product to the tank and the beginning of the test at or above the minimum waiting period stated in the evaluation results?	CW		
5. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (for single wall tanks)	CW		
6. Have any loose fittings at the top of the tank been either tightened prior to beginning the test or accounted for when conducting the test and evaluating test results? (Applies to overfill methods only) *Exception: Interstitial space fitting on double wall tank should remain loose during test for interstitial space to vent to atmosphere.*			CW
7. Have all vapor pockets either been removed prior to beginning the test or otherwise accounted for when conducting the test and evaluating test results?			CW
8. Based on evaluating test results and conducting any retesting as necessary to obtain conclusive test results, the tightness test is: ✓ Passed ____ Failed **Note: Inconclusive test results will not be considered as a valid tightness test for purposes of complying with UST release detection regulations.**			
9. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? Note: The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours of being notified by the testing firm that a failed tightness test has occurred.			
10. If a failed test has occurred, results indicate that there is a leak in the: ____ Tank ____ Piping System If known, the leak rate is: ____ gallons per hour			

*Item not applicable

I hereby certify that I have been the licensed supervisor present during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173-360 WAC.

1/20/94 — Date

Gary Kelly — Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

1/24/95 — Date

Kim Harrison for PNE — Signature of Licensed Service Provider firm (owner or person with signature authority)

4/14/95 — Date

Duane M Carter — Signature of Tank Owner or Authorized Representative

Sections 3, 4 and 5 must be [redacted] d separately for each tank and ass[redacted] iping tested at the site. For additional tanks you may pho[redacted]opy this form prior to completing.

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 1
2. Date Installed: _____
3. Tank capacity in gallons: 10K
4. Date of tightness test: 12-20-94
5. Last substance stored: Diesel
6. Is tank compartmentalized? N
7. Tank is: _____ single wall _____ double wall
8. Reason for conducting tightness test:

- X To comply with leak detection requirements in UST rules
- _____ To bring temporarily closed tank back into service
- _____ Tank or piping repair
- _____ Other (describe) _____

9. Type of test conducted:

- _____ Tank tightness test only
- _____ Line tightness test only
- _____ Tank and lines tested separately
- X Total system test (tank and lines tested together)

10. Test method type:

- _____ Overfill
- _____ Underfill volumetric
- X Nonvolumetric

11. Tightness testing method(s) used (indicate if more than one method was used - see note following item 12):

Test method name/version TRACER TIGHT

Test method manufacturer TRACER RESEARCH

12. If a tank tightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 60

> Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested *up to the 95% full level.* When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single wall tanks): VARIABLE PROBE

4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%) *Note: A copy of Ecology's policy for demonstrating that leak detection methods meet performance standards may be obtained by contacting Ecology's UST section in Olympia.*	LW		

*Item not applicable

(checklist continues on page 3)

	Yes	No	NA*
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	✓		
3. Was the product level in the tank during the test within the limitations stated in the evaluation results used to demonstrate that the tightness test method meets performance standards?	✓		
4. Was the waiting period between the addition of product to the tank and the beginning of the test at or above the minimum waiting period stated in the evaluation results?	✓		
5. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (for single wall tanks)	✓		
6. Have any loose fittings at the top of the tank been either tightened prior to beginning the test or accounted for when conducting the test and evaluating test results? (Applies to overfill methods only) *Exception: Interstitial space fitting on double wall tank should remain loose during test for interstitial space to vent to atmosphere.*			✓
7. Have all vapor pockets either been removed prior to beginning the test or otherwise accounted for when conducting the test and evaluating test results?			✓
8. Based on evaluating test results and conducting any retesting as necessary to obtain conclusive test results, the tightness test is: ✓ Passed ____ Failed **Note: Inconclusive test results will not be considered as a valid tightness test for purposes of complying with UST release detection regulations.**			
9. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? Note: The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours of being notified by the testing firm that a failed tightness test has occurred.			
10. If a failed test has occurred, results indicate that there is a leak in the: ____ Tank ____ Piping System If known, the leak rate is: ____ gallons per hour			

*Item not applicable

I hereby certify that I have been the licensed supervisor present during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173-360 WAC.

2/20/94 — Date
Gary Liebelt — Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

1/24/95 — Date
Kim Harrison for PNE — Signature of Licensed Service Provider firm (owner or person with signature authority)

4/14/95 — Date
Shawn M Carter — Signature of Tank Owner or Authorized Representative

UNDERGROUND TORAGE TANK
Tightness Testing Checklist

NW KB

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connected underground piping. Tightness testing shall be conducted in accordance with Chapter 173-360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by photocopying page 2 and 3 of this form and completing these pages separately for each UST system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

For further information about completing this form, please contact the Department of Ecology UST Section.

The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours.

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: Lone Star Northwest INC

Owners Address: P.O. Box 1730
Street P.O. Box

SEATTLE, WA 98111
City State Zip+4 (required)

Telephone: (206) 764-3107

Site ID Number (on invoice or available from Ecology if tank is registered): 101259

Site/Business Name: Lone Star NW

Site Address: 2222 Ross Ave NE
Street County

Marysville, WA 98223
City State Zip+4 (required)

2. TIGHTNESS TESTING PERFORMED BY:

Firm: PACIFIC NORTHERN ENVIRONMENTAL

Service Provider License Number: S000153

Address: 1081 COLUMBIA Blvd
Street P.O. Box

Longivew, WA. 98632
City State Zip+4 (required)

Telephone: 206-423-2245

Licensed Supervisor: Gary Wall JR.

Supervisor License Number: W001622

	Yes	No	NA*
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	Cw		
3. Was the product level in the tank during the test within the limitations stated in the evaluation results used to demonstrate that the tightness test method meets performance standards?	Cw		
4. Was the waiting period between the addition of product to the tank and the beginning of the test at or above the minimum waiting period stated in the evaluation results?	Cw		
5. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (for single wall tanks)	Cw		
6. Have any loose fittings at the top of the tank been either tightened prior to beginning the test or accounted for when conducting the test and evaluating test results? (Applies to overfill methods only) *Exception: Interstitial space fitting on double wall tank should remain loose during test for interstitial space to vent to atmosphere.*			Cw
7. Have all vapor pockets either been removed prior to beginning the test or otherwise accounted for when conducting the test and evaluating test results?			Cw
8. Based on evaluating test results and conducting any retesting as necessary to obtain conclusive test results, the tightness test is: ✓ Passed ____ Failed **Note: Inconclusive test results will not be considered as a valid tightness test for purposes of complying with UST release detection regulations.**			
9. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? Note: The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours of being notified by the testing firm that a failed tightness test has occurred.			
10. If a failed test has occurred, results indicate that there is a leak in the: ____ Tank ____ Piping System If known, the leak rate is: ____ gallons per hour			

*Item not applicable

I hereby certify that I have been the licensed supervisor present during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173-360 WAC.

12/20/94 — Date

Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

1/23/95 — Date

Elaine J Theriault for Pacific Northern Environment — Signature of Licensed Service Provider firm (owner or person with signature authority)

4/14/95 — Date

Shawn M Carter — Signature of Tank Owner or Authorized Representative

Sections 3, 4 and 5 must be [redacted] d separately for each tank and asse[redacted] lping tested at the site. For additional tanks you may pho[redacted] this form prior to completing.

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 1
2. Date installed: unk –
3. Tank capacity in gallons: 10K
4. Date of tightness test: 12-20-94
5. Last substance stored: Diesel
6. Is tank compartmentalized? N
7. Tank is: ____ single wall ____ double wall
8. Reason for conducting tightness test:
   - X To comply with leak detection requirements in UST rules
   - ____ To bring temporarily closed tank back into service
   - ____ Tank or piping repair
   - ____ Other (describe) ____
9. Type of test conducted:
   - ____ Tank tightness test only
   - ____ Line tightness test only
   - ____ Tank and lines tested separately
   - X Total system test (tank and lines tested together)
10. Test method type:
   - ____ Overfill
   - ____ Underfill volumetric
   - X Nonvolumetric
11. Tightness testing method(s) used (indicate if more than one method was used - see note following item 12):

    Test method name/version TRACER TIGHT

    Test method manufacturer TRACER RESEARCH
12. If a tank tightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 60

    Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested *up to the 95% full level.* When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.
13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single wall tanks): VARIABLE PROBE

4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%) *Note: A copy of Ecology's policy for demonstrating that leak detection methods meet performance standards may be obtained by contacting Ecology's UST section in Olympia.*	CW		

*Item not applicable

(checklist continues on page 3)

LONE STAR NORTHWEST

5975 E. MARGINAL WAY SOUTH
P.O. BOX 1730
SEATTLE, WASHINGTON 98111
(206) 764-3000

April 14, 1995

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

RE: Tank Tightness Tests

To Whom It May Concern:

It has come to my attention in reviewing our underground storage tank files that the three enclosed tightness tests were not been submitted to the Department of Ecology. I apologize for the oversight and appreciate your cooperation in updating the UST files for these three tanks. Please contact me if you have any questions.

Sincerely,

Shawn M. Carter

Shawn M. Carter

Enclosures

UNDERGROUND STORAGE TANK
Tightness Testing Checklist

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connected unc... 3-360 WAC.

This Tightnes... pervisor. The supervi-sor shall be o... nploys the licensed supervisor sh... ider.

A separate ch... tested, except that separate UST... nd 3 of this form and completing th... l to the following address withi...

5975 EAST MARGINAL WAY South
SEATTLE, WASHINGTON 98134

TWO TANKS
1 10K DIESEL
1 6K GASOLINE

For further in... Section.

The tank ow... at the appropriate Ecology regi...

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: Lone Star N.W.

Owners Address: P.O Box 1730; 5975 E Marginal Way S.
Street P.O. Box

Seattle, WA 98111
City State Zip+4 (required)

Telephone: (206) 764-3107

Site ID Number (on invoice or available from Ecology if tank is registered): 002211

Site/Business Name: -Same-

Site Address:
Street County

City State Zip+4 (required)

2. TIGHTNESS TESTING PERFORMED BY:

Firm: PACIFIC NORTHERN ENVIRONMENTAL

Service Provider License Number: S000153

Address: 1081 COLUMBIA Blvd
Street P.O. Box

Longivew, WA. 98632
City State Zip+4 (required)

Telephone: 206-423-2245

Licensed Supervisor: Tony Lewallyn

Supervisor License Number: W001622

	Yes	No	NA*
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	GW		
3. Was the product level in the tank during the test within the limitations stated in the evaluation results used to demonstrate that the tightness test method meets performance standards?	GW		
4. Was the waiting period between the addition of product to the tank and the beginning of the test at or above the minimum waiting period stated in the evaluation results?	GW		
5. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (for single wall tanks)	GW		
6. Have any loose fittings at the top of the tank been either tightened prior to beginning the test or accounted for when conducting the test and evaluating test results? (Applies to overfill methods only) *Exception: Interstitial space fitting on double wall tank should remain loose during test for interstitial space to vent to atmosphere.*			GW
7. Have all vapor pockets either been removed prior to beginning the test or otherwise accounted for when conducting the test and evaluating test results?			GW
8. Based on evaluating test results and conducting any retesting as necessary to obtain conclusive test results, the tightness test is: X Passed ____ Failed **Note: Inconclusive test results will not be considered as a valid tightness test for purposes of complying with UST release detection regulations.**			
9. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? Note: The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours of being notified by the testing firm that a failed tightness test has occurred.			
10. If a failed test has occurred, results indicate that there is a leak in the: ____ Tank ____ Piping System If known, the leak rate is: ____ gallons per hour			

*Item not applicable

I hereby certify that I have been the licensed supervisor present during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173-360 WAC.

12/27/93 — Date

Gary Waeffler — Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

1/27/94 — Date

Etheriquel for PNE — Signature of Licensed Service Provider firm (owner or person with signature authority)

2-1-94 — Date

Paul M. Fredericks Safety Manager for Lone Star Northwest — Signature of Tank Owner or Authorized Representative

Sections 3, 4 and 5 must be [redacted]d separately for each tank and asso[redacted] iping tested at the site. For additional tanks you may pho[redacted]y this form prior to completing.

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 1
2. Date installed: [illegible]7
3. Tank capacity in gallons: 10K
4. Date of tightness test: 122193
5. Last substance stored: Diesil
6. Is tank compartmentalized? NO
7. Tank is: X single wall ____ double wall
8. Reason for conducting tightness test:
   - X To comply with leak detection requirements in UST rules
   - ____ To bring temporarily closed tank back into service
   - ____ Tank or piping repair
   - ____ Other (describe) ____
9. Type of test conducted:
   - ____ Tank tightness test only
   - ____ Line tightness test only
   - ____ Tank and lines tested separately
   - X Total system test (tank and lines tested together)
10. Test method type:
    - ____ Overfill
    - ____ Underfill volumetric
    - X Nonvolumetric
11. Tightness testing method(s) used (indicate if more than one method was used - see note following item 12):
    - Test method name/version TRACER TIGHT
    - Test method manufacturer TRACER RESEARCH
12. If a tank tightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 50

> **Note:** A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested *up to the 95% full level.* When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.

13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single wall tanks): VARIABLE PROBE

4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%) *Note: A copy of Ecology's policy for demonstrating that leak detection methods meet performance standards may be obtained by contacting Ecology's UST section in Olympia.*	CW		

*Item not applicable

(checklist continues on page 3)

	Yes	No	NA*
2. Have all written testing procedures developed by the manufacturer of the testing equipment and method been followed while the test was being set up and conducted?	Cw		
3. Was the product level in the tank during the test within the limitations stated in the evaluation results used to demonstrate that the tightness test method meets performance standards?	Cw		
4. Was the waiting period between the addition of product to the tank and the beginning of the test at or above the minimum waiting period stated in the evaluation results?	Cw		
5. If groundwater was present above the bottom of the tank, have the testing procedures accounted for its presence? (for single wall tanks)	Cw		
6. Have any loose fittings at the top of the tank been either tightened prior to beginning the test or accounted for when conducting the test and evaluating test results? (Applies to overfill methods only) *Exception: Interstitial space fitting on double wall tank should remain loose during test for interstitial space to vent to atmosphere.*			Cw
7. Have all vapor pockets either been removed prior to beginning the test or otherwise accounted for when conducting the test and evaluating test results?			Cw
8. Based on evaluating test results and conducting any retesting as necessary to obtain conclusive test results, the tightness test is: X Passed ____ Failed **Note: Inconclusive test results will not be considered as a valid tightness test for purposes of complying with UST release detection regulations.**			
9. If the tightness test is considered a failed test, has the owner/operator been notified of the test results? Note: The tank owner or operator must report a failed tightness test as a suspected release to UST staff at the appropriate Ecology regional office within 24 hours of being notified by the testing firm that a failed tightness test has occurred.			
10. If a failed test has occurred, results indicate that there is a leak in the: ____ Tank ____ Piping System If known, the leak rate is: ____ gallons per hour			

*Item not applicable

I hereby certify that I have been the licensed supervisor present during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173-360 WAC.

12/21/93 — Date

Mary Twaddle — Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

1/27/94 — Date

Etherland for PNE — Signature of Licensed Service Provider firm (owner or person with signature authority)

2-1-94 — Date

Paul M. Fredrick Safety Manager for Lone Star Northwest — Signature of Tank Owner or Authorized Representative

Sections 3, 4 and 5 must be [illegible]d separately for each tank and as[illegible]iping tested at the site. For additional tanks you may pho[illegible]y this form prior to completing.

NA

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 2
2. Date installed: 2.1
3. Tank capacity in gallons: 6K
4. Date of tightness test: 122193
5. Last substance stored: UNL
6. Is tank compartmentalized? NO
7. Tank is: X single wall ____ double wall
8. Reason for conducting tightness test:
   - X To comply with leak detection requirements in UST rules
   - ____ To bring temporarily closed tank back into service
   - ____ Tank or piping repair
   - ____ Other (describe) ____
9. Type of test conducted:
   - ____ Tank tightness test only
   - ____ Line tightness test only
   - ____ Tank and lines tested separately
   - X Total system test (tank and lines tested together)
10. Test method type:
    - ____ Overfill
    - ____ Underfill volumetric
    - X Nonvolumetric
11. Tightness testing method(s) used (indicate if more than one method was used - see note following item 12):

    Test method name/version TRACER TIGHT

    Test method manufacturer TRACER RESEARCH
12. If a tank tightness test was conducted, indicate the percentage of tank volume that was filled with product during the test: 40

    Note: A tank must be tested up to the product level limited by the overfill prevention device. If an overfill prevention device is not installed, a tank must be tested *up to the 95% full level.* When underfill volumetric testing methods are used, the tank must be: 1) filled with product to the 95% full level or 2) the portion of the tank above the product level must be tested using a nonvolumetric method which meets performance standards, for tightness testing.
13. Indicate the method used to determine if groundwater was present above the bottom of the tank during the test (for single wall tanks): VARIABLE PROBE

4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Has the tightness testing method used been demonstrated to meet the performance standard specified in the UST rules for the conditions under which the test was conducted? (e.g., detecting a 0.10 gallon per hour leak rate with probability of detection of at least 95% and a probability of false alarm of no more than 5%) *Note: A copy of Ecology's policy for demonstrating that leak detection methods meet performance standards may be obtained by contacting Ecology's UST section in Olympia.*	AW		

*Item not applicable

(checklist continues on page 3)

UNDERGROUND STORAGE TANK
Tightness Testing Checklist

K6B/3B/NW

The purpose of this form is to certify the proper tightness testing of underground storage tank (UST) systems including connecting underground piping. Tightness testing shall be conducted in accordance with Chapter 173.360 WAC.

This Tightness Testing Checklist shall be completed and signed by a Licensed Tightness Testing Supervisor. The supervisor shall be on site when all tank tightness testing activities are being conducted. The firm which employs the licensed supervisor shall also be licensed by the Washington State Department of Ecology as a Service Provider.

Underground storage tank rules require owners/operators to employ a licensed tank services provider to repair, replace, upgrade, or close the UST system and to begin corrective action in accordance with WAC 173-360-399 if the test results indicate that a leak exists.

For further information about completing this form, please contact the Department of Ecology UST Program.

A separate checklist must be completed for each UST system (tank and associated piping) tightness tested, except that separate UST systems tightness tested at one site may be reported together by completing page 2 of this form separately for each system. The completed checklist should be mailed to the following address within 30 days of completion of tightness testing:

DEPARTMENT OF ECOLOGY
UNDERGROUND STORAGE TANKS

JAN 17 1992

Underground Storage Tank Section
Department of Ecology
Mail Stop PV-11
Olympia, WA 98504-8711

1. UST SYSTEM OWNER AND LOCATION

UST Owner/Operator: LONESTAR N.W. INC.

Owners Address: P.O. Box 1730 (Street)

Seattle Wa. 98111 (City / ZIP Code)

Telephone:

Site ID Number (on invoice or available from Ecology if tank is registered): 002211

Site/Business Name: LONE STAR N.W. INC

Site Address: 5975 E. MARGINAL WAY SOUTH (Street) King (County)

SEATTLE (City) WA. (State) 98134 (ZIP Code)

2. TIGHTNESS TESTING PERFORMED BY:

Firm: **Pacific Northern Environmental**
dba Petroleum Services Unlimited

License Number: S000153

Address: 1081 Columbia Boulevard
Longview, Washington 98632

PO Box 98632 (ZIP Code)

City / State

Telephone: (206) 423-2245

Licensed Supervisor: TOM CRAWFORD

Tightness Testing License Number: W000132-

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 4
2. Date installed: 1980
3. Tank capacity in gallons: 10,000
4. Last substance stored: Diesel
5. Reason for conducting tightness test:
   - ____ To comply with leak detection requirements in UST rules
   - ____ System test to investigate suspected release
   - ✓ Other (describe) ____
6. Date tightness test was conducted: 12/12/91
7. Type of test conducted: Tank tightness test [Y] Line tightness test [Y]
8. Tightness testing method used:
   - Test method name: LEAK COMPUTER
   - Test method manufacturer: HAZTECH INC., SAN DIEGO
   - Volumetric [X] Non-volumetric [ ]
   - If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity ____ %

4. CHECKLIST

The following items shall be initiated by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?	Y		
2. Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?	Y		
3. Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?	Y		
4. Do the test results indicate that a leak exists in either the tank or piping system? If "yes" test results indicate that the leak is located in the: Tank [ ] Piping system [ ] If known, indicate leak rate: ____		N	
5. If Item No. 4 is checked "yes" has the owner/operator been notified of the test results? *NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.*			N

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

12/12/91 — Date
Lon Crawford — Signature of Licensed Supervisor

5. ADDITIONAL REQUIRED SIGNATURES

1/13/92 — Date
Bert Hagdahl — Signature of Licensed Service Provider (Firm) Owner or Authorized Representative

____ — Date
____ — Signature of Tank Owner or Authorized Representative

3. TANK AND TESTING INFORMATION

1. Tank ID Number (as registered with Ecology): 3
2. Date installed: 1970
3. Tank capacity in gallons: 6,000
4. Last substance stored: Unleaded
5. Reason for conducting tightness test:
   - ____ To comply with leak detection requirements in UST rules
   - ____ System test to investigate suspected release
   - ✓ Other (describe) ____
6. Date tightness test was conducted: 12/12/91
7. Type of test conducted: Tank tightness test [4] Line tightness test [4]
8. Tightness testing method used:
   - Test method name: LEAK COMPUTER
   - Test method manufacturer: HAZTECH INC. SAN DIEGO
   - Volumetric [X] Non-volumetric [ ]
   - If a non-volumetric method was used indicate approximate percentage tank was filled during test relative to capacity ____ %

4. CHECKLIST

The following items shall be initialed by the licensed supervisor whose signature appears below.

	Yes	No	NA*
1. Does the tightness testing method used meet the performance standard specified in the UST rules (e.g., detecting at least a 0.10 gallon per hour leak rate with probability of detection of at least 95% and probability of false alarm of no more than 5%)?	TC		
2. Has the tightness testing method used been demonstrated by the manufacturer of the testing method to meet the above performance standard using EPA's standard test procedures for evaluating leak detection methods?	TC		
3. Have all testing procedures recommended by the manufacturer of the testing method been followed while the test was being set up and conducted?	TC		
4. Do the test results indicate that a leak exists in either the tank or piping system? If "yes" test results indicate that the leak is located in the: Tank [ ] Piping system [ ] If known, indicate leak rate: ____		TC	
5. If Item No. 4 is checked "yes" has the owner/operator been notified of the test results? *NOTE: Underground storage tank rules require owners/operators to report all suspected releases to the Department of Ecology or delegated agency within 24 hours.*			TC

*Item not applicable

I hereby certify that I have been the licensed supervisor present on site during the above listed tightness testing activities and to the best of my knowledge they have been conducted in compliance with all applicable state and federal laws, regulations and procedures pertaining to underground storage tanks.

Persons submitting false information are subject to penalties under Chapter 173.360 WAC.

Date 12/12/91 Signature of Licensed Supervisor Tom Crawford

5. ADDITIONAL REQUIRED SIGNATURES

Date 1/13/92 Signature of Licensed Service Provider (that) Owner or Authorized Representative Bert Hazlett

Date ____ Signature of Tank Owner or Authorized Representative